

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 1625-05
Bill No.: SCS for HB for HB 612
Subject: Provides additional protections and services for persons with disabilities
Type: Original
Date: May 7, 2001

FISCAL SUMMARY

ESTIMATED NET EFFECT ON STATE FUNDS			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
General Revenue	Exceeds (\$940,155)	Exceeds (\$2,192,635)	Exceeds (\$2,948,668)
Legal Expense Fund*	(\$0 to Unknown)	(\$0 to Unknown)	(\$0 to Unknown)
Total Estimated Net Effect on <u>All</u> State Funds	Exceeds (\$940,155)	Exceeds (\$2,192,635)	Exceeds (\$2,948,668)

* Could exceed (\$100,000) in any given fiscal year.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
Total Estimated Net Effect on <u>All</u> Federal Funds *	\$0	\$0	\$0

* Revenue and expenditures exceed \$1.2 - \$4.3 million annually and net to \$0.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
Local Government	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 14 pages.

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Office of Secretary of State (SOS)** stated this bill creates the Community First Act and Commission. The Department of Social Services, Division of Aging, and Division of Vocational Rehabilitation shall promulgate rules to implement this bill. Based on experience with other divisions, the rules, regulations, and forms issued by the Department of Social Services, Division of Aging, and Division of Vocational Rehabilitation could require as many as 28 pages in the *Code of State Regulations*. For any given rule, roughly half again as many pages are published in the *Missouri Register* as in the Code because cost statements, fiscal notes and the like are not repeated in the Code. These costs are estimated. The estimated cost of a page in the *Missouri Register* is \$23.00. The estimated cost of a page in the *Code of State Regulations* is \$27.00. The actual costs could be more or less than the numbers given. The impact of this legislation in future years is unknown and depends upon the frequency and length of rules filed, amended, rescinded or withdrawn. The SOS estimates the cost of the proposed legislation to be \$1,722 [(28 pgs. x \$27) + (42 pgs. x \$23)] for FY 02.

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process. Any decisions to raise fees to defray costs would likely be made in subsequent fiscal years.

Officials from the **Department of Insurance, Office of Lieutenant Governor, Office of the Governor, Missouri State Employees Retirement System, Missouri House of Representatives, and Department of Labor and Industrial Relations** stated the proposed legislation will not have a fiscal impact on their agencies.

Officials from the **Missouri Consolidated Health Care Plan (HCP)** stated the proposed legislation creates Section 208.146, which adds language regarding the federal Ticket to Work and Work Incentives Improvement Act of 1999. Anyone who meets the definition of disabled or an employed individual with a medically improved disability and meets the income requirements may have their portion of the employer's health insurance premium paid by the Department of Social Services. Since the HCP currently provides coverage for the disabled, the HCP feels the additional members joining under this provision to be few. Therefore, any fiscal impact will be minimal and can be absorbed by the HCP. The other sections in this bill do not affect the HCP.

Officials from the **Department of Health (DOH)** stated this legislation would not be expected to significantly impact the operations of the DOH. If the proposal were to substantially impact the DOH programs, then the DOH would request funding through the appropriations process.

ASSUMPTION (continued)

Officials from the **Missouri Senate (SEN)** did not respond to our request for fiscal impact. However, language in an earlier version of the proposed legislation for which officials for the SEN stated the proposal would have a negligible direct fiscal impact on their agency which could be absorbed in current appropriations has been deleted from the current legislation. Therefore, **Oversight** assumes the proposed legislation would have no fiscal impact on the SEN.

Officials from the **Department of Elementary and Secondary Education (DES)** assume the proposal will require funding the Missouri transition to independence grant in the following manner:

FY 02 \$1,500 per grant x 84 estimated recipients = \$126,000 estimated grant costs.
FY 03 \$1,500 per grant x 92 estimated recipients = \$138,000 estimated grant costs.
FY 04 \$1,500 per grant x 102 estimated recipients = \$153,000 estimated grant costs.

The number of estimated recipients is limited to those consumers with disabilities existing in nursing homes with the assistance of the Missouri transition grant. The estimate does not include those consumers eligible for this grant due to aging.

Officials from the **Department of Mental Health (DMH)** stated the proposed legislation has no fiscal impact on the DMH but provided the following comments:

Section 208.146

The DMH officials stated officials from the Department of Social Services (DOS) estimate that 441 individuals would be eligible to enroll in the new category of eligibility, base upon data compiled from the Congressional Budget Office (CBO) as a result of the estimates conducted for the U.S. House version of HR 1108 (Work Incentives Improvement Act). Further, the DOS estimates the cost of providing services to the 441 eligible individuals would be \$784,800 in FY 02, \$2,021,374 in FY 03, and \$2,761,561 in FY 04. The cost estimated by the DOS is inclusive and includes any costs that would be associated with services provided by the DMH. Therefore, this proposed legislation would have no additional fiscal impact to the DMH.

Section 208.819

This section states that persons institutionalized in nursing homes who are Medicaid eligible and who wish to move back into the community shall be eligible for a one-time Missouri transition to independence grant. The DMH does have consumers who live in nursing homes, however, few of these persons are likely to want to transition out. If they would want to transition out and are able to do so, it is the DMH's understanding that the funding currently in the DOS's

ASSUMPTION (continued)

appropriation bill that supports the person in the nursing home institution would be allowed to follow/support the individual in the community (but that money can only be for state plan services like personal care or services authorized by the Division of Aging or Vocational Rehabilitation). Lastly, the transition to independence grant isn't available for persons who live in the DMH facilities who might want to move to the community. As written, the proposal applies only to persons leaving nursing homes.

Section 537.617

This section gives a person the right to sue Missouri over Americans with Disabilities Act violations only in state courts for an award not to exceed that which is already law under the RSMo section on sovereign immunity. Because it is assumed that the DMH does not violate the ADA in the course of our work/provision of services, no impact on the DMH is anticipated as a result of this change.

Officials from the **Department of Social Services (DOS)** provided the following assumptions related to the proposed legislation:

Section 208.146

The **DOS - Division of Medical Services (DMS)** estimates that 441 individuals would be eligible to enroll in the new category of eligibility group. The DMS states the estimate is developed from data compiled from the Congressional Budget Office (CBO) as a result of the estimates conducted for the U.S. House version of HR 1108 (Work Incentives Improvement Act). According to the CBO, approximately 21,000 people who are disabled would return to work by 2004. DMS states that Missouri represents 2.1% of the overall population of the United States ($21,000 \times 2.1\% = 441$ new eligibles). The DMS states not all eligibles would apply in the first year of the program. It is projected that there would be 294 eligibles in the first year, 357 eligibles in the second year, and 441 eligibles in the third year.

The DMS states the proposed legislation includes three cost components: 1) the Permanently and Totally Disabled under 150% of the poverty level, 2) the eligibles who have employer-sponsored health insurance, and 3) the eligibles between 151% and 250% of the federal poverty level:

1) The DMS estimates that 75% of the new eligibles would qualify for medical assistance as a Permanently and Totally Disabled individual. The projected eligibles for FY 02 is 221, FY 03 is 268, and FY 04 is 331.

The projected FY 02 cost per eligible of \$1,085.40 based on inflating the FY 00 average cost for Permanently and Totally Disabled (PTD) eligibles by the inflation and rate of growth for each component (pharmacy, physician, hospital, etc.). The inflation and growth rates are a one year

ASSUMPTION (continued)

average based on historical costs. The projected Medicaid eligible for each month was multiplied by the projected cost per eligible per month to arrive at the annual cost. The projected cost for FY 02 is \$1,314,419; the projected cost for FY 03 is \$3,919,848; and the projected cost for FY 04 is \$5,362,200.

2) The projected number of eligibles that receive employer-sponsored health insurance is four. The average monthly premium is \$110 a month. The inflation rate for premiums based on historical information is 10 - 15%. The projected cost for FY 02 is \$5,280 (4 x \$110 x 12); the projected cost for FY 03 is \$5,952 ($110 \times 1.125\% = \$124 \times 4 \times 12$); and the projected cost for FY 04 is \$6,720 ($124 \times 1.125\% = \$140 \times 4 \times 12$).

3) The DMS assumes that the remaining eligibles will have incomes between 151% and 250% of the federal poverty level. This group of eligibles will be required to pay a premium for participation in the medical assistance program.

The projected Medicaid eligibles for each month was calculated with the premium collection included in the cost. The projected cost for FY 02 is \$695,710; the projected cost for FY 03 is \$1,176,528; the projected cost for FY 04 is \$1,647,648.

The DMS assumes the current contract for the collection of premiums could absorb the additional participants paying premiums. The projected cost for Section 208.146 of the proposed legislation is :

FY 02	\$2,015,409
FY 03	\$5,102,328
FY 04	\$7,016,568

Cost Estimates for Section 208.819

The DMS assumes the Division of Vocational Rehabilitation would request funding for the \$1,500 grant.

The **DOS - Division of Research and Evaluation (R&E)** for the **Division of Legal Services (DLS)** officials stated that it is safe to assume that the state will be sued under the provisions of the law; the potential cost to the DOS is \$0 to unknown.

ASSUMPTION (continued)

Officials from the **DOS - Division of Family Services (DFS)** stated the following:

The DFS assumes the number of individuals between the ages of 18 and 64 in Missouri with income at or below 250% of the Federal Poverty Level (FPL) to be 847,333. The total Missouri population between the ages of 18 and 64 is 3,013,259. 28% of Missourians between the ages of 18 and 64 have income below 250% of the FPL ($847,333 / 3,013,259 = 28\%$). Source: U.S. Census Bureau, July 2000.

The DFS assumes 85% of the Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) recipients ages 18 to 64 have income below 250% of the FPL. Source: Annual Statistical Supplement, 2000 published by the Social Security Administration.

The DFS assumes number of individuals in Missouri with a work disability to be 106,281. Note: This does not assume individuals are Permanently and Totally Disabled (PTD). Assume 3.5% of Missourians have a work disability ($106,281 / 3,013,259 = 3.5\%$). Source: U.S. Census Bureau.

The DFS further assumes that 5,734 individuals receiving services through the Division of Vocational Rehabilitation were placed in the workforce during FY 00. Of that group 1,846 received SSDI or SSI. The remaining 3,888 who went to work were Non-SSDI/SSI recipients. Source: The Division of Vocational Rehabilitation.

The DFS also assumes number of individuals in Missouri receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) to be 192,134 (SSDI - 111,520 + SSI - 80,614). Total number of social security recipients receiving both SSDI and SSI is 26,925. Unduplicated number of SSDI and SSI recipients is 165,209 ($192,134 - 26,925 = 165,209$). Source: Social Security Administration.

The DFS assumes the number of individuals between the ages of 18 and 64 receiving Medicaid as of 12/31/01 to be 93,105. These individuals will be excluded as possible eligibles since they are already active Medicaid recipients. Source: Department of Social Services, Research and Evaluation Unit.

The DFS also assumes 56.5% have income < 250% of the FPL and the working disabled population may be employed less than 40 hours per week. An average has been used to determine the percentage of the working disabled population below 250% of the FPL. (Average 28% of Missourians between the ages of 18 and 64 to 85% of those receiving SSDI and/or SSI.) Source: U.S. Census Bureau and the Social Security Administration.

ASSUMPTION (continued)

The DFS assumes married individuals seeking Medicaid coverage through this program will take the necessary steps to transfer any assets potentially affecting eligibility. However, assume that 50% of single individuals seeking Medicaid coverage will be ineligible on the basis of resources.

165,209	Unduplicated SSDI/SSI
<u>+ 3,888</u>	# of Vocational Rehabilitation recipients in the work force
169,097	Total with a work disability
169,097	# with a work disability
<u>- 93,105</u>	# of active Medical Assistance cases between 18 and 64
75,992	Total universe of eligibles
75,992	Total universe of eligibles
<u>x 3.5%</u>	% with a work disability
2,660	# with a work disability
2,660	# with a work disability
<u>x 56.5%</u>	% < 250% of FPL
1,503	# % < 250% of FPL
1,503	# % < 250% of FPL
<u>x 75%</u>	% expected to apply
1,127	# expected to apply
1,127	# expected to apply
<u>x 65%</u>	% living alone
733	# living alone
1,127	# expected to apply
<u>x 35%</u>	% living with spouse
394	Total # of eligible couple cases
733	# living alone
<u>x 50%</u>	% of those living alone ineligible on the basis of resources
367	Total # of eligible single cases
394	Total # of eligible couple cases
<u>+367</u>	Total # of eligible single cases
761	Total # of new eligibles

ASSUMPTION (continued)

New eligibles will be phased in over a 2 year period.

The DFS assumes an average adult Medicaid caseload to be 480 cases.

Therefore, $761 / 480 = 1.58$ or 2 new Caseworker FTEs needed to maintain new cases. The DFS plans to absorb any new eligibles the first year therefore no FTEs will be needed for FY 02. In FY 03, the DFS will need the 2 new FTEs to manage the new cases. Caseworker duties and responsibilities include take and process applications for eligibility, respond and answer both written and telephone requests for information or reported changes, and maintain all active cases in caseload.

Annual salary for a Caseworker is \$29,520.

Oversight assumes there would be 441 new eligibles and would require only one Caseworker.

Officials from the **DOS - Division of Aging (DA)** provided the following assumptions:

208.146 Ticket to Work and Work Incentives Improvement Act of 1999

This bill would create a new population of Medicaid eligibles by extending medical assistance to working individuals who have income less than 250% of the Federal Poverty Level and meet the definition of disabled under SSI or have a medically improved disability under the federal TWWIA. The proposed legislation would increase the number of individuals eligible for Medicaid.

The DA assumes that proposed funding for services are for federal Medicaid program funded services and not state GR appropriated services.

The DFS and the DMS assumes that 441 new individuals will meet the eligibility requirements as stated in this bill for individuals who are disabled and have income at or below 250% of the federal poverty level. Of these 441 eligibles, 294 will enter the program in the first year, 63 additional eligibles will enter the program the second year ($294 + 63 = 357$ total eligibles) and 84 additional eligibles will enter the program the third year ($294 + 63 + 84 = 441$ total eligibles). Based on the assumption that the participation rate for in-home services is 29.12% ($20,363 / 69,928$) the DA estimates that 86 ($294 \times 29.12\%$) additional recipients will access home care as an alternative to facility placement and will require case management. Based upon the assumption that these clients enter the Medicaid program who previously would not have qualified for the program, the DA estimates that 86 new clients will require case management in the first year. The DA estimates that 104 ($357 \times 29.12\%$) clients will require case management in the second year and 128 ($441 \times 29.12\%$) in the third year. The DA will need one (1) additional Social Service Worker II (SSW) position the first year to case manage the new eligibles based on current average caseload size of 80 cases per SSW ($86 / 80 = 1.075$). The DA

ASSUMPTION (continued)

will need one (1) SSW position or no additional worker the second year ($104 / 80 = 1.300$) and two (2) SSW positions or one (1) additional position the third year ($128 / 80 = 1.600$). The one (1) Social Service Worker position in Year 1 will be placed in Greene county. The additional one (1) worker in Year 3 will be placed in Jackson county.

Oversight assumes the DA would hire the necessary staff to maintain the current Social Services Worker (SSW) caseload of approximately 139 cases per caseworker and would place those SSWs in the counties having the greatest need. However, we are ranging the costs associated with implementing the proposed legislation based on current caseload standards to the caseload standards recommended by the caseload study and the DOS's FY 02 Budget Request.

Officials from the **Office of Attorney General (AGO)** did not respond to our request for fiscal impact. However, in response to a similar proposal, the AGO assumed the costs related to the proposal could be absorbed with existing resources.

Officials from the **Office of State Courts Administrator (CTS)** assume the proposed legislation would waive the state's sovereign immunity and permit suits against the state under the federal Americans with Disabilities Act.

Officials assume that suits would be filed in state court and there may be some increase in the number of cases filed. However, officials have no way of estimating that increase at this time and do not anticipate that it would be substantial enough to require a budget increase in the courts.

Oversight assumes the administrative impact of this portion of the proposal is \$0. **Oversight** assumes the impact of this proposal as it relates to the state would be \$0 to (Unknown), depending on the success of the lawsuits. **Oversight** assumes that any one judgment, in a fiscal year, against the state could exceed \$100,000.

<u>FISCAL IMPACT - State Government</u>	FY 2002	FY 2003	FY 2004
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LEGAL EXPENSE FUND

Cost - Potential for more lawsuits	<u>\$0 to</u> <u>(Unknown)*</u>	<u>\$0 to</u> <u>(Unknown)*</u>	<u>\$0 to</u> <u>(Unknown)*</u>
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*Could exceed (\$100,000) in any given fiscal year.

GENERAL REVENUE

HW-C:LR:OD (12/00)

<u>FISCAL IMPACT - State Government</u>	FY 2002	FY 2003	FY 2004
<u>Costs - Department of Social Services -</u>			
<u>Division of Medical Services</u>			
Medical Assistance Payments	<u>(\$784,800)</u>	<u>(\$1,986,847)</u>	<u>(\$2,732,252)</u>
Total <u>Costs</u> -Division of Medical Services	<u>(\$784,800)</u>	<u>(\$1,986,847)</u>	<u>(\$2,732,252)</u>
<u>Costs - Department of Social Services -</u>			
<u>Division of Family Services</u>			
Personal Services (1 FTE)	\$0	(\$20,442)	(\$20,953)
Fringe Benefits	\$0	(\$6,813)	(\$6,984)
Equipment and Expense	<u>\$0</u>	<u>(\$7,272)</u>	<u>(\$1,372)</u>
Total <u>Costs</u> - Division of Family Services	<u>\$0</u>	<u>(\$34,527)</u>	<u>(\$29,309)</u>
<u>Costs - Department of Social Services -</u>			
<u>Division of Aging</u>			
Personal Services (0.65 - 1.30 FTE)	(\$18,475)	(\$22,724)	(\$23,292) to (\$46,584)
Fringe Benefits	(\$6,158)	(\$7,574)	(\$7,763) to (\$15,526)
Equipment and Expense	<u>(\$4,722)</u>	<u>(\$2,963)</u>	<u>(\$3,052) to</u> <u>(\$11,029)</u>
Total <u>Costs</u> - Division of Aging	<u>(\$29,355)</u>	<u>(\$33,261)</u>	<u>(\$34,107) to</u> <u>(\$73,139)</u>
<u>Costs - Department of Social Services -</u>			
<u>Division of Legal Services</u>			
Americans With Disabilities Act			
Law Suits	<u>(\$0 - Unknown)</u>	<u>(\$0 - Unknown)</u>	<u>(\$0 - Unknown)</u>
Total Costs - Division of Legal Services	<u>(\$0 - Unknown)</u>	<u>(\$0 - Unknown)</u>	<u>(\$0 - Unknown)</u>
Total <u>Costs</u> - Department of Social Services	<u>(\$814,155) to</u> <u>(Unknown)</u>	<u>(\$2,054,635) to</u> <u>(Unknown)</u>	<u>Exceeds</u> <u>(\$2,795,668)</u>
<u>Costs - Department of Elementary and</u>			
<u>Secondary Education</u>			
Missouri Transition Grants	<u>(\$126,000)</u>	<u>(\$138,000)</u>	<u>(\$153,000)</u>
ESTIMATED NET EFFECT ON	<u>Exceeds</u>	<u>Exceeds</u>	<u>Exceeds</u>
GENERAL REVENUE FUND	<u>(\$940,155)</u>	<u>(\$2,192,635)</u>	<u>(\$2,948,668)</u>

FEDERAL FUNDS

<u>FISCAL IMPACT - State Government</u>	FY 2002	FY 2003	FY 2004
<u>Income - Department of Social Services -</u>			
<u>Division of Medical Services</u>			
Medicaid Reimbursements	\$1,230,609	\$3,115,481	\$4,284,316
<u>Income - Department of Social Services -</u>			
<u>Division of Legal Services</u>			
Medicaid Reimbursements	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Income - Department of Social Services -</u>			
<u>Division of Family Services</u>			
Medicaid Reimbursements	\$0	\$17,007	\$14,435
<u>Income - Department of Social Services -</u>			
<u>Division of Aging</u>			
Medicaid Reimbursements	\$15,808	\$17,910	\$18,366 to \$39,386
<u>Costs - Department of Social Services -</u>			
<u>Division of Medical Services</u>			
Medical Assistance Payments	<u>(\$1,230,609)</u>	<u>(\$3,115,481)</u>	<u>(\$4,284,316)</u>
Total Costs-Division of Medical Services	<u>(\$1,230,609)</u>	<u>(\$3,115,481)</u>	<u>(\$4,284,316)</u>
<u>Costs - Department of Social Services -</u>			
<u>Division of Family Services</u>			
Personal Services (0.33 FTE)	\$0	(\$10,069)	(\$10,320)
Fringe Benefits	\$0	(\$3,356)	(\$3,440)
Equipment and Expense	\$0	(\$3,582)	(\$675)
Total <u>Costs</u> - Division of Family Services	<u>\$0</u>	<u>(\$17,007)</u>	<u>(\$14,435)</u>
<u>Costs - Department of Social Services -</u>			
<u>Division of Aging</u>			
Personal Services (0.35 - 0.70 FTE)	(\$9,948)	(\$12,236)	(\$12,542) to (\$25,084)
Fringe Benefits	(\$3,316)	(\$4,078)	(\$4,180) to (\$8,360)
Equipment and Expenses	<u>(\$2,544)</u>	<u>(\$1,596)</u>	<u>(\$1,644) to</u> <u>(\$5,942)</u>
Total <u>Costs</u> - Division of Aging	<u>(\$15,808)</u>	<u>(\$17,910)</u>	<u>(\$18,366)</u> <u>(\$39,386)</u>

<u>FISCAL IMPACT - State Government</u>	FY 2002	FY 2003	FY 2004
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FEDERAL FUNDS (cont.)

Costs - Department of Social Services -
 Division of Legal Services

Law Suits	(\$0 - Unknown)	(\$0 - Unknown)	(\$0 - Unknown)
Total <u>Costs</u> - Division of Legal Services	(\$0 - Unknown)	(\$0 - Unknown)	(\$0 - Unknown)

**ESTIMATED NET EFFECT ON
 FEDERAL FUNDS***

<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
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*** Revenue and expenditures exceed \$1.2 - \$4.3 million annually and net to \$0.**

<u>FISCAL IMPACT - Local Government</u>	FY 2002	FY 2003	FY 2004
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<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
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FISCAL IMPACT - Small Business

There may be an economic impact on the nursing facilities as disabled individuals leave the facilities and return to the community and an economic impact on those who provide in-home services to those individuals returning to a community setting. The economic impact of the proposed legislation on small business is unknown.

DESCRIPTION

The Department of Social Services and the Division of Vocational Rehabilitation shall allow Medicaid funding to follow the disabled individual. Persons institutionalized in nursing homes who are Medicaid eligible and wish to move back into the community shall be eligible for a one-time Missouri transition to independence grant. The grant will be limited to up to fifteen hundred dollars to offset the initial down payments and setup costs associated with housing as the person moves out of a nursing home. The Division of Vocational Rehabilitation and Department of Social Services shall cooperate in actively seeking federal and private grant moneys to fund this program, except that the grant moneys shall not limit the General Assembly from appropriating moneys for the Missouri transition to independence grants.

This proposal would establish eligibility requirements for needy persons to receive medical assistance. These requirements would be derived from the federal Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIA). The proposal would authorize medical

DESCRIPTION (continued)

assistance to be paid for a person who is employed and who: (1) meets the definition of the term "disabled" under the Supplemental Security Income Program or meets the definition of employed individual with a medically improved disability under TWWIIA; (2) meets the asset limits specified in the proposal; and (3) has an annual income of 250% or less of the federal poverty guidelines. Income would not include any income of the person's spouse or children. Individuals with incomes greater than 150% of the federal poverty guidelines would pay a premium for participation. A person otherwise eligible for medical assistance under the proposal would not lose eligibility if he or she maintains an independent living development account, as defined in the proposal. These accounts would not be considered an asset for determining eligibility until that person reaches 65 years of age. If an eligible individual's employer offers employer-sponsored health insurance and the Department of Social Services determines that it is more cost-effective than medical assistance, the individual would participate in the employer-sponsored insurance. The department would pay the individual's portion of the premiums, copayments, and other associated costs. Medical assistance would be provided to an eligible person as a secondary or supplemental policy to any employer-sponsored benefits available to that person. The department would submit appropriate documentation to the federal government for approval and would apply for all grants available to offset the costs associated with the proposal's provisions.

This bill allows the state of Missouri to be subject to lawsuits for monetary damages in Missouri state courts for violations of the federal Americans with Disabilities Act.

This bill contains an emergency clause.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Office of the Governor
Department of Elementary and Secondary Education
Department of Mental Health
Department of Health
Department of Labor
Department of Social Services
Office of Secretary of State
Office of Lieutenant Governor
Department of Insurance
Missouri State Employees Retirement System
Missouri Consolidated Health Care Plan
Missouri House of Representatives
Office of State Courts Administrator

NOT RESPONDING:

Missouri Senate
Office of Attorney General

A handwritten signature in black ink, appearing to read "Jeanne Jarrett". The signature is stylized with a large, circular initial "J" and a cursive "Jarrett".

Jeanne Jarrett, CPA
Director
May 7, 2001